

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:
Case: 03-0395

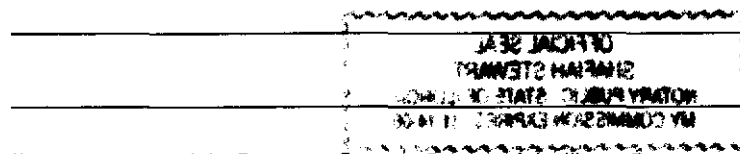
ORIGINAL

Regarding a complaint by (Person making the complaint): DURRIYAH S HOSKINS
Against (Utility name): PEOPLES ENERGY GAS COMPANY
As to (Reason for complaint) FAILURE TO PROVIDE MONTHLY BILLS FOR
A LENTHLY PERIOD OF TIME AND A COMPROMISEABLE
SETTLEMENT OF AMOUNT DUE.
in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 7015 S OAKLEY, CHICAGO IL 60636
The service address that I am complaining about is 7015 S OAKLEY, CHICAGO IL 60636
My home telephone is (773) 776-9877
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (773) 776-9877
(Full name of utility company) PEOPLES ENERGY GAS Co (respondent) is a public utility and is subject
to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.



Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

Has your complaint filed with that office been closed?

ILLINOIS
COMMERCE COMMISSION
2003 JUN 16 P 2:25
CHIEF CLERK'S OFFICE

☒ Yes ☐ No

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1.) IN FEB. 2000 A PAYMENT OF \$1187.00 WAS ISSUED TO PEOPLES GAS TO RESTORE MY RESIDENTIAL SERVICE. I WAS ENFORMED THAT A NEW ACCOUNT WOULD BE ESTABLISHED FOR FUTURE BILLS

2.) I CONTACTED THE GAS CO SEVERAL TIMES BUT WAS ADVISED THAT "THE SYSTEM WAS DOWN" AND I WOULD BE CONTACTED LATER

3.) FIRST BILL RECEIVED IN MAY 2002 FOR \$5844.32

Please clearly state what you want the Commission to do in this case:

TO DETERMINE A REASONABLE SETTLEMENT AMOUNT AND AN AFFORDABLE PAYMENT PLAN (IF POSSIBLE WAIVE ESTIMATED RETRO)

Date: 06/11/2003
(Month, day, year)

Complainant's Signature Darryl A. Yedlin

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

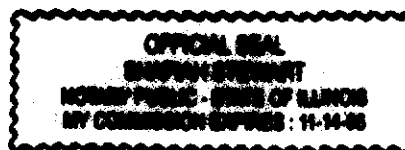
A notary public must witness the completion of this part of the form.

I, Shafah Stewart, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Shafah Stewart

Subscribed and sworn/affirmed to before me on (month, day, year) June 11, 2003

Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.